

| POSITION | INITIALS | ID NO. | DATE |
|----------------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | PH | | 11/18 |
| FORMALITY REVIEW | T2 | 902 | 12/22/02 |
| RESPONSE FORMALITY REVIEW | A-M | JL 580 | 05-02-01 |

INDEX OF CLAIMS

Rejected N Non-elected
 Allowed I Interference
 Cancelled A Appeal
 Restricted 0 Objected
 (Through numeral)...

| Claim | Date |
|----------|--------|
| Final | |
| Original | |
| 1 | 8/8/03 |
| 2 | |
| 3 | ✓/✓ |
| 4 | ✓/0 |
| 5 | ✓/0 |
| 6 | ✓/0 |
| 7 | ✓/✓ |
| 8 | ✓/0 |
| 9 | ✓/0 |
| 10 | ✓/0 |
| 11 | ✓/0 |
| 12 | ✓/0 |
| 13 | ✓/0 |
| 14 | ✓/0 |
| 15 | ✓/✓ |
| 16 | ✓/✓ |
| 17 | ✓/✓ |
| 18 | ✓/✓ |
| 19 | ✓/✓ |
| 20 | ✓/✓ |
| 21 | ✓/✓ |
| 22 | |
| 23 | 0 |
| 24 | 0 |
| 25 | 0 |
| 26 | ✓ |
| 27 | 0 |
| 28 | 0 |
| 29 | 0 |
| 30 | 0 |
| 31 | 0 |
| 32 | 0 |
| 33 | 0 |
| 34 | ✓ |
| 35 | 0 |
| 36 | 0 |
| 37 | 0 |
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| Claim | Date |
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| Final | |
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| Claim | Date |
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| Final | |
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If more than 150 claims or 10 actions
staple additional sheet here

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